Abbey Meads Medical Group

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

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Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Abbey Meads Medical Group on 28 and 29 October 2014. We found breaches in the regulations relating to safe and well-led services, and the overall rating for the practice was requires improvement. The full comprehensive report for the October 2014 inspection can be found by selecting the 'all reports' link for Abbey Meads Medical Group on our website at www.cqc.org.uk.

We carried out a further announced comprehensive inspection of Abbey Meads Medical Group on 6 June 2017, to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 28 and 29 October 2014. At this inspection we found breaches in the regulations relating to safe, effective, responsive and well-led services. As a result of these findings, the overall rating for the practice continued to be requires improvement. The issues were:

- The practice did not ensure there were systems in place to enable the registered person to assess, monitor and improve the quality and safety of the service and which ensured scrutiny and overall responsibility is held by the partners.
- The practice did not maintain adequate records of decisions made and action taken by the partners in relation to their governance role.
- The practice did not adequately assess the risks to the security of confidential information, medicines and equipment caused by working in a shared building and take appropriate steps to minimise these risks.
- The practice did not ensure letters responding to patients complaints included information about how to escalate the complaints if they were not satisfied with the practice' response.
- Not all staff had received training essential to their role. For example, seven clinical staff had not received training on safeguarding children and vulnerable adults relevant to their role.

Following the inspection on 6 June 2017, the provider sent us an action plan that set out the actions they would take to meet the breached regulations. We then undertook an announced focused inspection on 14 February 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 6 June 2017. For this reason we only rated the location for the key questions to which this inspection related. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

This report covers the announced follow-up inspection on 14 February 2018. We found the provider had made improvements since our inspection on 6 June 2017. The

Summary of findings

information we received enabled us to find the provider was meeting the regulations that it had previously breached for safe, effective, responsive and well-led services.

The comprehensive follow-up report for the June 2017 inspection can be found by selecting the 'all reports' link for Abbey Meads Medical Group on our website at www.cqc.org.uk.

Overall the practice is now rated as Good.

Our key findings were as follows:

- The practice put systems in place to enable the registered person to assess, monitor and improve the quality and safety of the service. These systems ensured scrutiny and overall responsibility is held by the partners.
- The practice recorded decisions made and action taken by the partners in relation to their governance role.
- The practice adequately assessed the risks to the security of confidential information, medicines and equipment caused by working in a shared building and took appropriate steps to minimise these risks.
- The practice ensured letters responding to patients complaints included information about how to escalate the complaints if they were not satisfied with the practice' response.
- All staff had received training essential to their role. This included training on safeguarding children and vulnerable adults relevant to their role.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people	Good
People with long term conditions	Good
Families, children and young people	Good
Working age people (including those recently retired and students)	Good
People whose circumstances may make them vulnerable	Good
People experiencing poor mental health (including people with dementia)	Good

Abbey Meads Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a Lead CQC inspector.

Background to Abbey Meads Medical Group

Abbey Meads Medical Practice is located in Swindon. It is one of the 26 practices within the NHS Swindon Clinical Commissioning Group area and has around 18,200 patients. The practice shares a purpose built building with a number of other health related services. Treatment and consulting rooms are not shared. Patient services are located on the ground and first floors and include; four consulting rooms, four treatments rooms, an automatic front door, a blood pressure monitoring machine for patient's use, a self-check-in appointment system and a toilet with access for people with disabilities. There is a passenger lift to the first floor.

The area the practice serves has relatively high numbers of young families and a higher than average number of patients under 19 years of age and between 35 and 50 years of age. The practice area is in the national average range for deprivation. Average male and female life expectancy for the area is 79 and 84 years, which is broadly in line with the national average of 79 and 83 years respectively.

The practice provides a number of services and clinics for its patients including childhood immunisations, family planning, minor surgery and a range of health lifestyle management and advice including asthma management, diabetes, heart disease and high blood pressure management.

There are five GP partners and two salaried GPs. (Two of the partners are not based at the practice and do not usually do clinical work in the practice.) They are supported by a clinical nurse manager, eight practice nurses, two healthcare assistants and an administrative team of 23 led by the practice manager.

The practice is a teaching and training practice. (Teaching practices take medical students and training practices have GP trainees, usually called registrars). At the time of our inspection they had one registrar working with them.

The practice is open between 8.30am and 7.30pm Monday to Friday, except Wednesday when they close from 12.30pm to 1.30pm and Friday when they close at 6.30pm. GP appointments are available between 9am and 12pm every morning and 2pm to 5.30pm every afternoon. Extended hours appointments are offered from 6.30pm and 7.30pm Monday to Thursday and 7.30 am to 8.30 am on Thursday. Appointments can be booked over the telephone or in person at the surgery. The practice had a system in which patients could only book on the day appointments.

When the practice is closed, the practice's website advises that all calls will be directed to the out of hours service. Out of hours services are provided by Medvivo and can be accessed by calling NHS 111.

The practice has a Personal Medical Services contract to deliver health care services. This contract acts as the basis for arrangements between NHS England and providers of general medical services in England.

The practice provides services from the following sites:

- Abbey Meads Medical Practice, Elstree Way, Swindon, SN25 4YZ
- Penhill Surgery, 257 Penhill Drive, Swindon, SN2 5HN
- Crossroads Surgery, 478 Cricklade Road, Swindon, SN2 7BG

Detailed findings

We visited the Abbey Meads Medical Practice as part of this inspection.

Why we carried out this inspection

We undertook a focused follow up inspection of Abbey Meads Medical Practice on 14 February 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Good

Are services safe?

Our findings

At our previous inspection on 6 June 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of security of information, medicines and equipment, and lessons learned from significant events, were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 14 February 2018. The practice is now rated as good for providing safe services.

Risks to patients

At our previous inspection on 6 June 2017 we found the following:

- The practice did not adequately assess the risks to the security of confidential information, medicines and equipment caused by working in a building shared with other service providers, and take appropriate steps to minimise these risks.
- A number of emergency medicines had expired and were no longer suitable to be used.

During our focused follow-up inspection on 14 February 2018:

- We saw evidence that all external health service staff who shared the building had signed the practice 'Security of Information Confidentiality Agreement and Protocol' document.
- Staff told us that all rooms containing confidential information were secured when not in use, and we saw that these rooms were only accessible by lock and key. Documentary evidence of an audit spreadsheet, and email reminders sent to staff, acted as additional assurance mechanisms for information security.
- We checked the emergency medicines and found that all were in date and suitable to use.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 6 June 2017, we rated the practice as requires improvement for providing effective services, as the arrangements in respect of exception reporting, multi-agency meetings and training were not adequate. We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a focused follow-up inspection of the service on 14 February 2018. The practice is now rated as good for providing effective services.

Monitoring care and treatment

At our previous inspection on 6 June 2017, we found that the practice was not an outlier for any QoF (clinical) targets. However, exception reporting for some indicators was higher than local and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate). For example:

- The last blood glucose test for 84% of patients on the register with diabetes was in the recommended therapeutic range, compared to the national average of 78%. However, the exception rating of 25% for this test was also higher than the national average of 13%.
- The blood cholesterol level of 77% of patients on the register with diabetes was in the recommended therapeutic range, compared to the national average of 80%. However, the exception rating of 20% for this test was higher than the national average of 13%.
- The practice's uptake for the cervical screening programme was 91%, which was higher than the national average of 81%, although the exception rate was 13% which was also higher than the national average of 7%.

We discussed the practice exception reporting rates at the previous inspection, which were higher than average in some areas. We found the practice was aware of the data, which they believed was due to their higher than average turnover of patients at the surgery and some administrative errors in how data was entered into their record system.

During our follow-up inspection on 14 February 2018, the practice told us they were actively working to improve their performance where exception rates were above local and national averages. For example, the practice recently completed an action plan aimed at improving their treatment of patients with diabetes, and recruited a new practice nurse who specialised in diabetes. Practice level data which has not been externally verified, showed:

- The exception reporting rate for the last average blood glucose test for patients on the register with diabetes was 14%. This represented an improvement from the last inspection and compared with the local clinical commissioning group (CCG) average of 16% and national average of 13% (local CCG and national figures from 2016/2017).
- The exception reporting rate for the blood cholesterol level of patients on the register with diabetes was 17%. This represented an improvement from the last inspection and compared with the CCG average of 15% and national average of 13% (local CCG and national figures from 2016/2017).
- The exception reporting rate for uptake of the cervical screening programme was 13%, which remained higher than the local CCG average of 9% and national average of 7%. When we spoke to the practice about this, we saw that previous administrative errors in how data was entered into their record system had been corrected. The practice told us that by December 2018, exception reporting rates for this indicator would be in line with the national average.

Coordinating care and treatment

At our previous inspection on 6 June 2017, not all staff had received training the practice considered to be essential to their role. For example, seven clinical staff had not received relevant training on safeguarding children and vulnerable adults. During our focused inspection on 14 February 2018, we saw documentary evidence that all staff had received training relevant to their role. This included training on safeguarding children and vulnerable adults. We saw the minutes of several multi-disciplinary meetings concerning safeguarding and vulnerable adults, where cases had been discussed and action take as appropriate.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 6 June 2017, we rated the practice as requires improvement for providing responsive services, as arrangements for complaints and learning from events were not adequate. We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a focused follow-up inspection of the service on 14 February 2018. The practice is now rated as good for being responsive.

Listening and learning from concerns and complaints

At our previous inspection on 6 June 2017:

- We found investigations and other actions taken were not always adequately recorded and it was not clear that patients were given a written apology where appropriate or told about any actions the practice had taken to improve processes to prevent the same thing happening again.
- There was insufficient evidence to show that lessons learnt from significant events and incident reports were shared with all appropriate staff. For example, we saw minutes from a significant events meeting where an incorrect prescription had been discussed. The minutes show the medicine had been incorrectly prescribed with potentially serious safety issues. However, the minutes did not set out what the learning points were, or whether any action had been taken to prevent this incident from happening again.

During our focused follow-up inspection on 14 February 2018:

- We saw documentary evidence of letters sent to patients that outlined actions taken by the practice to improve processes. The practice ensured letters responding to patients complaints now included information about how to escalate the complaints if they were not satisfied with the practice' response.
- We saw a documentary audit of comments, compliments and complaints, which recorded when things went wrong with care and treatment, and actions to prevent the incident from recurring. For example, a patient's relative contacted the practice because a request for an additional inhaler was not followed up or discussed with her. The practice looked into the incident and had recorded that the patient's representative was unavailable when contact was made. The incident was discussed with the patient's representative and at a staff meeting. A GP contacted the patient's representative to explain the situation and the patient received an apology. Following the incident, the practice will ensure that a suitable time is agreed to contact a patient or their representative, particularly in cases where a triage appointment is made and a review of medication is required. The practice will also continue to record when communication has taken place, even when the person they are trying to contact is unavailable.
- We saw documentary evidence of significant event meetings which showed that lessons learnt from significant events and incident reports were shared with all appropriate staff. We saw that all staff now received a meeting summary with action plans related to the significant event.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on 6 June 2017, we rated the practice as requires improvement for providing well-led services as there was no overarching governance structure.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a focused follow-up inspection of the service on 14 February 2018. The practice is now rated as good for being well-led.

Governance arrangements

At our previous inspection on 6 June 2017:

- The practice had not ensured there were systems in place to enable the registered person to assess, monitor and improve the quality and safety of the service, so that scrutiny and overall responsibility is held by the partners.
- The practice had not maintained adequate records of decisions made and action taken by the partners in relation to their governance role.

During our focused follow-up inspection on 14 February 2018:

- We saw documentary evidence of quarterly meetings amongst all partners where feedback and learning were discussed. The meeting agenda had governance issues as a standing item.
- When we spoke to staff, they told us that partners based at the practice had regular access to the executive partners for advice and support, and we saw documentary evidence to support this.
- We saw documentary evidence that issues were raised and addressed with the clinical governance group which met bi-monthly.
- We saw evidence that concerns or incidents were logged onto the practice's internal compliance system which was accessed by all senior staff (clinicians and non-clinicians), and evidence of required action documented.
- We saw documentary evidence that (both formal and informal) meetings, including between practice based partners were minuted, with actions recorded and learning shared amongst the practice and wider organisation as required.

Managing risks, issues and performance

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, there were gaps in these arrangements. At our previous inspection on 6 June 2017, we found that there was lack of clarity around the new governance structure and the practice's relationship with an external supplier.

During our focused follow-up inspection on 14 February 2018:

- Staff informed us they are aware of the relationship between the practice and its external supplier.
- Staff explained how their executive partners supported the practice. For example, through reviewing and sharing medicines alerts, and concerning staffing and recruitment.
- We saw documentary evidence of weekly managers meeting where staff questions and issues were discussed and fed back appropriately.
- Staff were aware, through an organisation chart and detailed discussions, of contact persons from their external partner group.